Coloplast Care Enrollment & Peristeen® Plus Transanal Irrigation System Prescription Form

Coloplast

PLEASE ADD DEMOGRAPHIC SHEET, INCLUDING INSURANCE INFORMATION & INSURANCE CARD, PROGRESS NOTES

Email: peristeen@coloplast.com • Fax: 1-855-676-2594

INSTRUCTIONS

- Fill out sections 1 - 8
- Complete all areas in ORANGE
- Please add demographic sheet, including insurance information & insurance card, progress notes
- Provider: sign and date
- Training contact name

1. PATIENT INFORMATION

DOB: ____ /____ /_____

☐ Male ☐ Female | Preferred Language: ☐ English ☐ Spanish ☐ Other _____

First Name:_____ Last Name:_____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

By providing an email address the patient consents to the receipt of personalized support through Coloplast Care online.

CAREGIVER OR PARENT GUARDIAN INFORMATION (REQUIRED IF PATIENT IS A MINOR)

First Name:_____ Last Name:_____

Relation: _____ Phone: _____

PRIMARY INSURANCE: _____ SECONDARY INSURANCE: _____

2. DIAGNOSIS**

Primary

☐ K59.2 Neurogenic bowel
☐ Other_____

Secondary

☐ None
☐ Spinal cord injury (SCI)
☐ Spina Bifida
☐ Multiple Sclerosis (MS)
☐ Anorectal Malformations (ARM)
☐ Hirschsprung's Disease
☐ Low Anterior Resection Syndrome (LARS)
☐ Other_____

** Progress notes must support diagnosis

3. DISPENSING INFORMATION

Duration of need:
☐ 99 (lifetime) ☐ 12 months

4. Rx START DATE

_____ /_____ /_____

5. Patient currently inpatient (if applicable)

Case Manager Name: _____

Discharge Date: _____ /_____ /_____

6. PRODUCT Choose the Coloplast items below

☐ Dispense as Written

PERISTEEN® PLUS (A4459*)

Transanal Irrigation System (29152)
1 control unit, 1 water bag (with lid), 2 leg straps, 1 tube

Choose Frequency:
☐ 1 per 90 days (daily use)
☐ 1 per 180 days (every other day use)

RECTAL CATHETER (A4453*)

Choose Size:
☐ Regular Size (29142)
☐ Small Size (29149)

Choose Frequency:
☐ 1 per day/30 per month/90 per 3 months
☐ 1 every other day/15 per month/45 per 3 months
☐ ___ per day/___per month/___per 3 months

7. SUPPLIER

_____ ☐ No preference (Coloplast's affiliated DME supply service)

8. PROVIDER INFORMATION

Facility Name: _____ Facility Phone: _____

Facility Address: _____

Facility City: _____ Facility State: _____ Facility Zip Code: _____

Training Contact Name (if different than prescribing): _____

Email: _____ Phone: _____

Clinic Contact Name: _____ Phone:_____ Email: _____

Prescribing Clinician Name: _____ NPI#: _____

Provider Signature: _____ Date: _____

My signature acknowledges that I have read the following Coloplast Care Program Description and Terms of Enrollment to the patient and the patient consented. Stamped signatures are not acceptable.

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Email: peristeen@coloplast.com • Fax: 1-855-676-2594 • Questions? Call 1-855-605-7594

Flip page for Coloplast Care Program Description and Terms of Enrollment

* Reimbursement Disclaimer: Coloplast Corp. provides this information for your general reference and related to the reimbursement of Coloplast products only. Reimbursement, coverage and payment policies can vary from one insurer and region to another, and may change over time. Coloplast does not guarantee coverage or payment of products.

Coloplast Care Program Description and Terms of Enrollment: Coloplast Care is a free product and lifestyle educational program designed to support patients with intimate healthcare needs. The program includes individualized product and lifestyle support which may include a welcome kit, and on-going phone, online and/or email support. Coloplast Care includes direct phone support with information and guidance about proper use of Coloplast products or these categories of products (Ostomy pouches and supporting products, Continence catheters, and Bowel Management). Patients do not need to use Coloplast products to receive support. Education also includes support in locating a product supplier, general reimbursement information, product types, proper use and troubleshooting of products, as well as ongoing self-assessments. For forms with a supplier option, Coloplast will honor any supplier designation by clinician or patient, but if none is specified, Care will refer the patient to Coloplast's DME supplier affiliate. Personalized emails contain Coloplast Care website links to articles, advice, inspirational stories, and answers to lifestyle questions that may be of interest.

When you enroll in Coloplast Care, Coloplast will use your information to provide you with education and support, product and lifestyle information, and helpful tips about living with your condition. If you request samples from us, we'll use your information to send, track and deliver your items. We may also call you to check you've received your order and answer any questions you may have about your order. We may let you know about Coloplast and its affiliated companies' current and future products and services, share inspirational stories from other customers, tell you about upcoming events. We may contact you by phone (including your cell phone if that is the number you provide), text message, e-mail, and mail. We also use the information you share with us to help us understand our customers, their medical conditions, and their needs when treating them. We also use your information to conduct research and data analytics. This helps us to improve our products and services and to develop new ones. We will only process this data on an aggregated level. If you provide photos, we may use these for the above purposes. We may also share your information with legitimate third parties if it is required to fulfill your request. For example, we share information with the healthcare provider who referred you to us, or to medical equipment companies from whom you can order supplies.

We may share your information with Coloplast's affiliated companies, who may reach out regarding related products and services. Under very rare circumstances, we might be legally obligated to share your data with public authorities. We do not sell data to third parties. By enrolling in Coloplast Care, independently or through your healthcare provider, you agree that Coloplast may collect, use, transfer, and process your information for the purposes listed above. You also give Coloplast permission to interact with your healthcare provider or product supplier. You may withdraw your consent at any time, or unsubscribe from communications from Coloplast **related to your participation in the Coloplast Care program.**